



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
LICENSEANDINSPECTION@VINELANDCITY.ORG

CITY OF VINELAND
TOWING OPERATOR/FACILITY LICENSE APPLICATION
ORDINANCE NO 2006-99

Office Use Only

DATE APPLICATION RECEIVED: _____

LICENSE NO: _____

DATE ISSUED: _____

Expiration Date: _____

[] New [] Renewal

Two year License fee: \$250.00

Number of Vehicles: _____

Number of Tow Operators: _____

Cash [] Check# _____ Initials __

First Vehicle @ \$103.00

Each Additional Vehicle @ \$52.00

Each Employee @ \$11.00

TOTAL DUE: _____

- [] Hold Harmless Agreement
[] Letter of Compliance - Zoning Department
[] Letter of Good Conduct - Police Department
[] Copy of Current Registration for each vehicle
[] Copy of Current Insurance card for each vehicle
[] Insurance Certification

To be completed by Applicant

Date: _____

TOWING OPERATOR INFORMATION:

Name of Towing Operator: _____ Phone No _____

Towing Operator/Business Address: _____

Business Name: _____

If a Corporation, Provide the following Information:

Name and Addresses of Officers:

State of Incorporation: _____

TOWING FACILITY INFORMATION: (Base of Operations)

Location of Facility: _____

Phone No: _____ Block # _____ Lot # _____

STORAGE FACILITY INFORMATION: (Property where towed vehicles will be stored)

Location of Storage Facility: _____

Phone No: _____ Block # _____ Lot# _____

Type/Capacity of Storage Facility:

- [] Inside Building Square Feet _____ Number of Spaces _____
[] Outside Secured Square Feet _____ Number of Spaces _____



FEES:

Operator's Towing Fees

Days:

First mile or less \$
Each additional Mile \$

Nights, Weekends & NJ State Holiday

First mile or less \$
Each additional Mile \$

Operator's Storage Fees

Inside Building \$
Outside Secured \$

VEHICLE INFORMATION

(A copy of your Current Registration and Insurance is required for each Vehicle)

Type Truck (Example)

Boom Flatbed Boom w/wheel lift Other

Type
Weight
Carry/Weight
Condition
Registration Tag No
Vehicle Identification No:

Type
Weight
Carry/Weight
Condition
Registration Tag No
Vehicle Identification No:

Type
Weight
Carry/Weight
Condition
Registration Tag No
Vehicle Identification No:

Type
Weight
Carry/Weight
Condition
Registration Tag No
Vehicle Identification No:

VEHICLE OPERATOR INFORMATION:

(List of all Operators)

Name
Address
Phone Number
NJ State Driver's License Number

Name
Address
Phone Number
NJ State Driver's License Number

Name
Address
Phone Number
NJ State Driver's License Number

Name
Address
Phone Number
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Equipment: (check off list)

- Amber beacon/strobe light
One snatch block per winch
Safety/magnetic tow lights
2 lb capacity dry chemical fire extinguisher
1 dozen flares or similar warning devices
10 lbs sand/drying compound
Crowbar/Pry bar
Heavy duty broom
Shovel
Jumper cables
Flashlight
Chains
Back up alarms
Cable - Specify
Working Limit:

COMMUNICATION (Specify Type of Communication Available):

DISPATCH INFORMATION

Location of Dispatch Center:

Availability of Dispatch Center:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I certify that I have read the Regulations of Ordinance No2006-99 and agree to abide by all terms and conditions contained therein, and agree to promptly amend and supplement my application to accurately reflect any changes in information set forth in same.

Signature Required

STATE OF NEW JERSEY
CUMBERLAND COUNTY

being duly sworn according to law, upon his oath deposes and says that he is the within named applicant; that the answers to the forgoing statements contained therein are true to the best of his knowledge and belief.

Sworn to and subscribed before me
this day of 20

Notary Public of New Jersey